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To: USPTO

From: Mary B. Grant

Attention:

Fax: +1.919.829.4332

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Fax: 571 273 8300

Our Ref.: CMED.10019

Your Ref.: 10/779,721

No. Pages: 6 (incl. this page)

Comments:

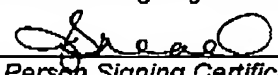
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Documents enclosed:

| | |
|---|---------|
| Transmittal Letter (in duplicate) | 2 pages |
| Fourth Information Disclosure Statement | 2 pages |
| PTO/SB/08 | 1 page |

Jennie Snead

(Typed Name of Person Signing Certificate)


(Signature of Person Signing Certificate)Date of Signing: 02/28/06

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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

5

Application Number

10/779,721

Filing Date

February 18, 2004

First Named Inventor

Jerry JONN

Art Unit

3763

Examiner Name

Gary Jackson

Attorney Docket Number

CMED.10019

ENCLOSURES (Check all that apply)

| | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Reply to Missing Parts/Incomplete Application | <input type="checkbox"/> Landscape Table on CD | |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Remarks The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218. This paper is submitted in duplicate. | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------|----------|--------|
| Firm Name | Hutchison Law Group PLLC | | |
| Signature | <i>Mary B. Grant</i> | | |
| Printed name | Mary B. Grant | | |
| Date | 2/28/06 | Reg. No. | 32,178 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | |
|-----------------------|------------------------|------|----------|
| Signature | <i>Jennie P. Snead</i> | | |
| Typed or printed name | Jennie P. Snead | Date | 02/28/06 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | | |
|---|----------------------|--------------------------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/779,721 |
| | Filing Date | February 18, 2004 |
| | First Named Inventor | Jerry JONN |
| | Art Unit | 3763 |
| | Examiner Name | Gary Jackson |
| Total Number of Pages in This Submission | 5 | Attorney Docket Number CMED.10019 |

| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks: The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218. This paper is submitted in duplicate. | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Hutchison Law Group PLLC | |
| Signature | <i>Mary B. Grant</i> | |
| Printed name | Mary B. Grant | |
| Date | 2/28/06 | Reg. No. 32,176 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
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| Signature | <i>Jennie P. Snead</i> | |
| Typed or printed name | Jennie P. Snead | Date 02/28/06 |

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Patent
Attorney Docket No. CMED.10019

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jerry JONN et al.

Application No.: 10/779,721

Group Art Unit: 3763

Filing Date: February 18, 2004

Examiner: Gary Jackson

Title: Adhesive-Containing Wound Closure
Device and Method

Confirmation No.: 1723

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FOURTH
INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with the duty of disclosure as set forth in 37 C.F.R. § 1.56, Applicants hereby submit the following information in conformance with 37 C.F.R. §§ 1.97 and 1.98. A copy of each of the documents cited and required by 37 C.F.R. § 1.98 is enclosed.

To assist the Examiner, the document is listed on the attached form PTO/SB/08. It is respectfully requested that an Examiner initialed copy of this form be returned to the undersigned.

The cited document is being submitted within three (3) months of the filing or entry of the national stage of this application or before the first Office Action on the merits, whichever is later. Since this document is being filed within the time period set forth in 37 C.F.R. § 1.97(b), no fee or statement is required.

Application No.: 10/779,721

Attorney Docket No. CMED.10019
Page 2 of 2

The Director is hereby authorized to charge any appropriate fees that may be required by this paper, and to credit any overpayment, to Deposit Account No. 50-3218.

Respectfully submitted,

HUTCHISON LAW GROUP PLLC

Date: 2/28/06By: Mary B. Grant
Mary B. Grant
Registration No. 32,176P.O. Box 31686
Raleigh, NC 27612
+1.919.829.9600

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Jennie Snead
(Typed Name of Person Signing Certificate)Jennie Snead
(Signature of Person Signing Certificate)Date of Signing: 02/28/06

PTO/55/58A(06-03)
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| Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) | Complete if Known | |
| | Application Number | 10/779,721 |
| | Filing Date | February 18, 2004 |
| | First Named Inventor | JONN, Jerry |
| | Group Art Unit | 3763 |
| | Examiner Name | Gary Jackson |
| Sheet 1 of 1 | Attorney Docket No: CMED.10019 | |

| US PATENT DOCUMENTS | | | |
|--------------------------|---------------------|------------------|---|
| Examiner Initial * | USP Document Number | Publication Date | Name of Patentee or Applicant of cited Document |
| | 5,902,443 | 05/11/1999 | Kanakubo et al. |
| | | | |
| | | | |
| FOREIGN PATENT DOCUMENTS | | | |
| Examiner Initials* | Foreign Document No | Publication Date | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear |
| | | | Abstract, Translation, English Language Equivalent or Search Report |

| OTHER DOCUMENTS -- NON PATENT LITERATURE DOCUMENTS | | |
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| Examiner Initials* | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | Abstract, Translation, English Language Equivalent or Search Report |
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EXAMINER

DATE CONSIDERED

Substitute Disclosure Statement Form (PTO-1449)

* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 809. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. Applicant's unique citation designation number (optional) / Applicant is to place a check mark here if English language Translation is attached